				STATE OF MARTLAND	- 49	0.00	
1155	1-	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		0	9 9 4 1
1100		REGISTRAR			REG. NO		To
		EASED NAME FROM	MIDDLE	(AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	41776	Jauni	+ +	Cannon		J 21	86 10° 0M
1	1. SE2	A State of the Landson	L RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS
	2. 174.9		31 11	MONTH DAY YEAR	7-	NON	THS DATS HOURS MIN.
-	-		Dlack	06 29 13	10	YRS	
1			TO CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH
5	-	TM INCOME	1251	MARRIED NEVER MARRIED WIDOWED DIVORCED	Somer	50+ ("note un
\sim	10.00	TY OR TOWN OF DEATH	1) NAME OF HOSPITAL NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND OF BUSINESS OR
1/1	7	O TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY
10	to.	mess Hone.	Manokin M	lanor Pletirement Cent	er Housew	te	
Blog /	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)			THE XX (TO REST IN
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9	_		019-0	3-1161			WARANI WARANI
5		18 CAUSE OF DEATH (Enter onl	y ane cause per line far (a), (b),	and icit			BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	E CAUSE (a) Reso	matary Amest			Immobile to
		IMMEDIATI					
2		THE PERSON NAMED IN	DUE TO, OR AS A CONSEC				Days
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		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF A			1/
	- 1	underlying couse lost	l Drag	1/ ' ' - 1	whe		Tecus
5	-	PART 2 OTHER SIGNIFIC ANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CON	DITION GIVEN	IN PART I/o
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7	O	(IF EITHER NOTIFY MEDICAL EXAMINER)		19			
	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION STREET	CITY OR TO	WN	COUNTY STATE
3 4	2	AT WORK D AD WHILE D					
G E		22a 1 certify that (I) (this haspit	al) attended the deceased fra	n April 19 DS	71 M	24ch 19	that (1) (we) las
4	- 43			86 , and that in (my) (aur) apinian			
5		sow the deceased alive on abave (I)(we) (did) (did nat	View the bady after death				
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0		IURIAL, CREMALION, REMOVAL	23b. DATE 2.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	111	OUNTY CTATE /
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۸ 7/84	24 1	NAME /	/// / / ADDRES	s _a (N	1 4	A S S S S S S S S S S S S S S S S S S S
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0775	1.	FOR STATE REGISTRAR			DEPART	MENT OF	HEALTH AND A	MENTAL HYG		() EG. NO.	9	4 64	ğ
		CEASED NAME	FIRST		MIDDLE		LA51		20. DATE OF DEA	ATH MONTH	DAY		b. HOUR
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ector, po	3. SE	Male		4. RACE White	9	5. DATE	,	YEAR 1904	6. AGE IN YEARS L	AST BIRTHDAY)	MONTHS	DAYS	FUNDER 24 HRS. HOURS MIN.
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of exolutions and a state of the state of th	130.	AL RESIDENCE IN NURS	13b COUN Some	ITY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Crisfiel	N	13d. INSIDE CI	NO XX	13. STREET ADDE			risf MD	ield, 21817
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te hos been s ssit permit. Th grene prior to shows any inj	CERTIFICATION	19a DATE OF OPERAT	TION		ITION FOR WHICH	OPERATIO	01	RMED	200 AUTOPSY	IN CER	YES 🗌	CAUSES	GS USED OF DEATH?
s the buriol-trar hand Mental Hy rked or them 18	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIA 21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	CAUSE OF DEA	P. 21e PLACE		AY YEAR 19 ARM, ETC.)	211. LOCATIO STREET		RED (ENTER NATURE C	Y OR TOWN		UNIY	STATE
of for use a of. of Health		220.1 certify that (1) saw the decades above (1)	phi haspi	70-1	11	71. 7	DEGREE		, to death accurred on	the date and h		rom the co	
TO FUNERAL DIRE; should be detoched with the Stote Dept IMPORTANT: If Item		Joen HANGENS N	AME (TYPE O	Sterling	teeling, M.D.	00	220 ADDRESS	5	St Cr			3/1	<u>//86</u> 1817

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AL DIRECTORED TO THE METERS OF	Ů,	27b SIGNATURE	K.	he		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF	22c DATE	SIGNED
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>	23a B	URIAL CREMACIONE REMOVA	3/18	1			CREMATORY	23d LOCATION CITY OR TOWN Crisfield		COUNTY	- MD
1 - 16 50M 4/B2 VRA 15, 4)	24 FL	Bradshaw Fund	eral Ho				250. DATE	REC'D. BY REGISTRAR	25h REGIST		

066232 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2b. HOUR DECEASED NAME First Middle Last 2g. DATE OF DEATH (Type or print) March CURTIS L LANDON 4:50M S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR Male White August 16, 1912 last birthdoy) MONTHS DAYS HOURS To. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Virginia Somerset County U.S. A. DIVORCED I WIDOWED [12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Crisfield mcCready Memorial Hospital during most of working life, even if retired.) INDUSTRY Baking a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Somer set YES NO 117 Maple St. (21817)Crisfield 4. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Curtis M. Landon Fannie Parks 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (Yes, no, or unknown) 223-26-0684 Beulah E. Landon Same as 13 a,b,c,d,e 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, citto de men Conditions, if any, which gave) rise to immediate cause (a). DUE TO: OR AS A CONSTQUENCE OF stating the underlying cause ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Manth Day Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from _19 26, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive ancauses stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR 3/3/86 22d PHYSICMA 22e. ADDRESS James A. Sterling, M.D. NAME Fype 320 W. Main St. - Crisfield. 21817 FUNERAL pe retoined 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE (County) (State) 3/5/86 BMOVAL (Specify) American Legion Cemetery Crisfield 0 Somerset Md. 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M Crisfield, Md. 21817 Bradshaw & Sons (VR A15 (4))

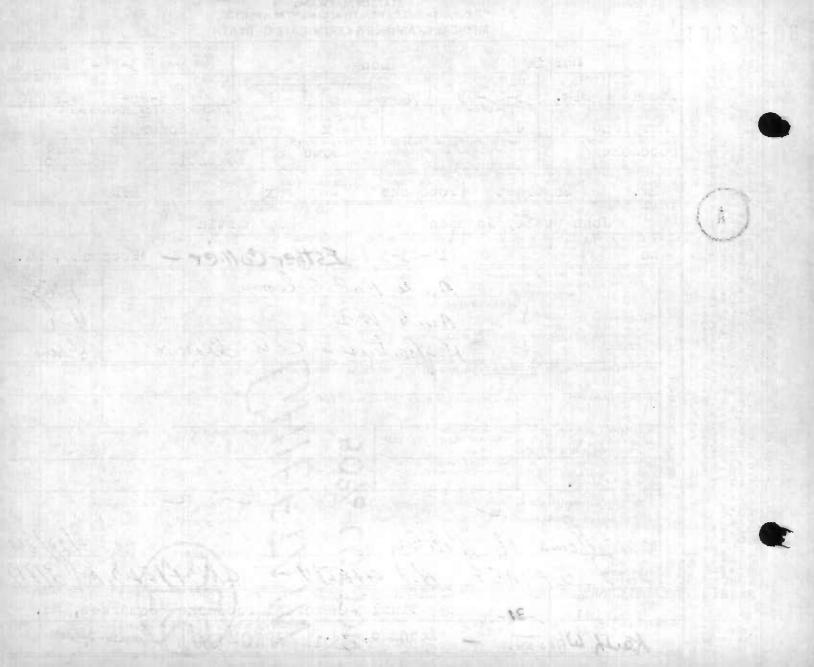
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 6. AGE TIN YEARS LAST BIRTHDAY! IF UNDER TYEAR ONTHS DAYS BALTIMORE CLTY OR COUNTY OF DEATH STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE! **INDUSTRY** 13d INSIDE CITY LIMITS? MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATEST SAME AS ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF DIAR ETES cause (o), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF LOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC) STREET STATE NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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CESSARY, PLEASE RAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET.	3. SE	× Male	White	5. DATE OF BIRTH	YEAR 6. AGE (III	YEARS IF U	NDER 1 YR.	FUNDER 24 HRS		Mar. 9,	DAY YEAR	9:45 8 . M	
ANY DELAKEN AND 3 20 THE FI RETAIL PAGE 5 HOUID BE DIES V RECORDS 20	5 W	BIRTHPLACE (ST. OREIGN COUNTRY) est Vir	ginia	7h CITIZEN OF WHAT COUNTRYS IS			RRIED DO NEVER MARRIED 9 BALTIMORE CITY OR COUNTY					Sy MD	
	/ C	risfield	H	McCread	SPITAL, NURSING HO	Hospi	tal	FC	SUAL OCCUPATION MOST OF WORKING LIFT PLOYER	(3	OR INDUSTRY Cutlery		
	5 13 ₀ M	aryland	13h COUR	or other institution, G NTY erset	13c. CITY OR TOWN	٧.	13d. INSIDE CITY YES 🗀	NO 12 14	reet address Pear St.	(21817)		
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, N PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR; PA AFTEROBATH, WITH THE STAR BALTMORE, MARYLAND, 21	7	270 I certif death resulte ACTUAL SIGNATURE EXAMINER'S I	d from: Note	prol couses X,	Accident	Svicide \(\bigcirc \)	TITLE (SPE	ecify) outy Me	etermined monner	0,0,,,,	3/10/8		
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DHMH - 17 (VR A15 ME (5))		FUNERAL DIRECT	s & Sons	Crisfi	eld. Md.	21817	25	d. DATE REC'D.	1 2 1986	REGISTRAR'S SI		692.	

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		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO		
			Porothy	MIDDLE	Whea	tley	20 DATE OF DEATH	3-11-86	2b. HOUR 11:02
page 3	3 SEX		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS.
ge 4 ector, rs aft		Female	Wh	ite	Mar		85	YRS.	HOURS MIN.
erol dir	7a BII	RTHPLACE (STATE OR FORE OUNTRY) Virginia	GN 76. CITIZEN C	USA	RY? 8 MARRIEI WIDOWE	V	9 BALTIMORE CITY O	R COUNTY OF DEATH	M
by the function of the functio	10 CI	TY OR TOWN OF DEATH	11. NAME O	SUCH FACILITY, GIVE ST	RSING HOME C	ROTHER INSTITUTION . Hospital	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Housewife	ON 12b. KIND INDUSTRY	OF BUSINESS OR
24 hours	13a. S		HOME OR OTHER INSTITUTE COUNTY CCOMSCK	13t. CITY OR 1	IOWN	13d. INSIDE CITY LIMITS?	Box 14	23440- 9	9999
10/	I4 FA	THER'S NAME William	MIDDLE G.	Smith		15. MOTHER'S MAIDEN NA Elverta	MIDDLE	Dise	AST
Poper I	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES)		2-8371	Mrs. Bertie	Parks - sam		de
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ow requires that is been signed by rimit. Then please prior to buriol, cr. s any injury, or oth	CERTIFICATION		ICANT CONDITIONS		of ful	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 206. IF YES, WERE FIND IN CERTIFYING CAUSE	PINGS USED
N: The lysicion.	ERTIF	21a. ACCIDENT WAS UNDERL	YING 716 TIME	OF INJURY		21c HOW INJURY OCCUR	YES NO	YES TO RY IN ITEM 18 PART 1 OR PART 2)	NO 🗌
CIAN: physical physic		OR CONTRIBUTING CAU	SE OF DEATH HOUR	A.M. MONTH P.M.	DAY YEAR	No.			
ord Me	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	CE OF INJURY STREET, FACTORY, OF	FICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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3	(TYPE	CEASED NAME FIRST HOW		Whith		3/21/8	MONTH DAY YEAR	2b. HOUR
ngs 4 m	3 SE	M	RACE	5 DATE O		8 AGE (IN YEAR'S LAST BIRTI	MONTHS DAYS	HOURS AIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	M d	CITIZEN OF WHAT CO	MARRIEI WIDOWE		Somers.	R COUNTY OF DEATH	MD.
10 to (1)	10. CI	PPET HILL	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	F BUSINESS OR
IND 212 Itled must must	13a. S	ALRESIDENCE (IF NURSING HOME OR TATE 136 COUN		NCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	P.D. Box	263218	368
MARYLA ed within	14 FA	LUILIAM F	To Whi	Tington	15. MOTHER'S MAIDEN NAM MAGGIE	WIDDIE	Coolbour	THE
IMORE, pe execut th and co	16a V	VAS DECEASED EVER IN U.S. ARA ES, NO ORUNKNOWN) (IF YES, GIVE	war or Dates) 16b SOCI	05-7336	MAry L.	Whitting	ton-Upper	Hill
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed "titling the host offending physicion." Ifter this certificate has been signed by the offending physician and certificate has been signed by the offending physician and certificate has been signed by the offending physician and certificate has been signed by the offending physician formation of the proof of the pr		18 CAUSE OF DEATH (Enter onl PART). DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a BY: E CAUSE (a)	an. H	va		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
the death of the ottendial contendial conten		Conditions, if ony, which gave rise to immediate couse (0), stating the	DUE TO, OR AS A CO					
DS, 301 W. F quires that the signed by the ren please re o burial, creater jury, or other	z	PART 2 OTHER SIGNIFICANT CO	((c)		NOT RELATED TO THE TERM	INAL DISEASE OR CONC	DITION GIVEN IN PART 1:0	» ¹
ITAL RECORD: The low requision. In the has been six permit. The yearen prior to show show, only injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH?
SION OF VITA PHYSICIAN: The ending physicion this centificate I be briticate I be deathern B sho deathern B sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF E)THER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.	ITH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	1913
DIVISION ING PHYS r offer this of the burner	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211. LOCATION STREET	CITY OR TOW	n county	STATE
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TO HOSPITAL retoined by th TO FUNERAL should be det with the State		224. PHYSICIAN'S NAME (THE ST	oc lay	0	218 NEWTON	ST. JALIS	BURY MD :	21801
7 2 3 7 1	(5	URIAL, CREMATION, REMOVAL	3/29/86	230 NAME OF CI	EMETERY OR CREMATORY	Coperti	1/ 50m	md
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